

**PATENT APPLICATION**  
Attorney Docket No. 1887.PC

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICANTS:** ASAOKA, Seiji *et al.*  
**SERIAL NO.:** 10/049 357 **GROUP ART UNIT:** 1617  
**FILED:** 22 May 2002 **EXAMINER:** WILLIAMS, Leonard M.  
**ENTITLED:** COSMETICS CONTAINING AMPHOTERIC POLYURETHANES

**CERTIFICATE of TRANSMISSION UNDER 37 C.F.R. § 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile no. 571-273-8300, on 15 July 2005.

  
Deborah Mouzo

Mail Stop Fee Amendment  
Commissioner for Patents  
Post Office Box 1450  
Alexandria, Virginia 22313-1450

**REPLY UNDER 37 C.F.R. § 1.111**

Dear Sir:

This Reply is in response to the Office Action dated 15 March 2005. In reply to that outstanding Action, Applicants submit the following Amendments and Remarks –

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PTO Patent/LEGAL DEPT. → PTO Central Fax 002/014

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

## Complete if Known

Application Number 10/049,357  
Filing Date 22 May 2002  
First Named Inventor ASAOKA, Seiji et al.  
Examiner Name WILLIAMS, Leonard M.  
Art Unit 1887.PC  
Attorney Docket No.

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 14-0455 Deposit Account Name: National Starch & Chemical
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		
	<b>Multiple Dependent Claims</b>	
	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets \_\_\_\_\_ Extra Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Statutory Disclaimer

Fees Paid (\$)

130.00

## SUBMITTED BY

Signature  Registration No. 37,869 Telephone 908-685-5433  
(Attorney/Agent)  
Name (Print/Type) David P. LeCroy Date 7/15/05

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Total Claims Extra Claims Fee (\$)

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x

= Fee Paid (\$)

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Indep. Claims Extra Claims Fee (\$)

- 3 or HP =

x

= Fee Paid (\$)

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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Fees Paid (\$)

130.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,869	Telephone 908-685-5433
Name (Print/Type)	David P. LeCroy		Date 7/15/05

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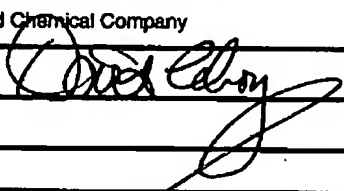
Application Number	10/049,357
Filing Date	22 May 2002
First Named Inventor	ASAOKA, Seiji et al.
Art Unit	1817
Examiner Name	WILLIAMS, Leonard M.
Attorney Docket Number	1887.PC

## ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Statutory Disclaimer - 2 pgs. |
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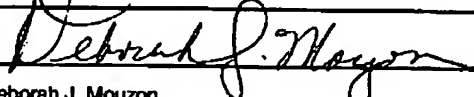
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	National Starch and Chemical Company		
Signature			
Printed name	David P. LeCroy		
Date	7/15/05	Reg. No.	37,869

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Signature			
Typed or printed name	Deborah J. Mouzon	Date	7/15/05

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